

OFFICAN 441  
**NEVADA FINANCIAL DISCLOSURE STATEMENT**  
 (Attach additional sheets if necessary.)

**FILE**

**MAY 14 2004**

certified  
 DEAN HELLER  
 SECRETARY OF STATE

NAME Geoffrey Vanderpal ste300  
 MAILING ADDRESS 7251 W. Lake Mead Blvd.  
 CITY, STATE, ZIP Las Vegas, NV 89128  
 TELEPHONE 702-236-8376

LENGTH OF RESIDENCE IN NEVADA 5 years  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 2 years

NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office                         | Annual Compensation | Term or Date Appointed | ANNUAL<br>all elected and<br>appointed public<br>officers<br>(no later than Jan. 15<br>each year)<br>NRS<br>281.559(1)(b)<br>281.561(1)(b) | CANDIDATE<br>(no later than<br>the 10 <sup>th</sup> day<br>after the last day<br>to qualify as a<br>candidate)<br>NRS<br>281.561(1)(a) | APPOINTMENT<br>to fill unexpired term<br>of an elected or<br>appointed public<br>officer<br>(within 30 days)<br>NRS<br>281.559(1)(a) |
|---------------------------------------|---------------------|------------------------|--|--|--|
| State Assembly District 2 (candidate) | \$ N/A              | N/A                    | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
|                                       | \$ /                | /                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                                       | \$ /                | /                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

|  | Self                                | Household Member         |
|--|-------------------------------------|--------------------------|
| Financial Planning, Investment Management, Insurance Consulting Practice | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| University of Phoenix - Adjunct Finance Professor                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| National Association of Securities Dealers - Arbitrator                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| New York Stock Exchange - Arbitrator                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/> |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

|                           | Self                                | Household Member         |
|---------------------------|-------------------------------------|--------------------------|
| Sallie Mae - Student Loan | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                           | <input type="checkbox"/>            | <input type="checkbox"/> |
|                           | <input type="checkbox"/>            | <input type="checkbox"/> |
|                           | <input type="checkbox"/>            | <input type="checkbox"/> |
|                           | <input type="checkbox"/>            | <input type="checkbox"/> |

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

|  | Self                                | Household Member         |
|--|-------------------------------------|--------------------------|
| Elite Financial Planning Group of America, Inc | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/> |
|  | <input type="checkbox"/>            | <input type="checkbox"/> |

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| Specific Location | Particular Use |
|-------------------|----------------|
| N/A               |                |
|                   |                |
|                   |                |
|                   |                |

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

| Donor | Value of Gift |
|-------|---------------|
| N/A   | \$            |
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 5/9/04 Signature: 